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		MARYLAND STATE DEPARTMENT OF HEALTH	
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	.08
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.		DECEASED-NAME First Middle Lost 20. DATE KNOWN Month Doy	Yeor 2b. HOUR
is to af	((Type or Print) JOHN WESLEY COTTON DEATH MATED Lule 7	14-18-30
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	0	odmission) STATE Mal. 13b. COUNTY Kent Chestertain YES NO []	
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thin 24 niner's pages haurs	160.	WAS DECEASED EVER INUS. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	7
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d within 24 in pencil in Examiner's File pages n 72 haurs	=		APPROXIMATE INTERVAL
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is certific te, writing forwards to used as remaval,	TION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
	FICA	WAS PERFORMED?	YES NO
T 0 0 D	CERTIFICATION	210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.	
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L EXAM ecute th Page 4 ar yaur R: Page al, crem		WHILE AT WORK AT WORK totory, office building, etc.)	
CAL EXAMINER: execute the cert or. Page 4 shauld of far your files. TOR: Page 3 shou		220. I certify that I taak charge of the remains described above, held on Autopsy , Inspection Inquiry ,	and in my apinian
ICAL E exector for Para for CTOR: burial,	1	death resulted from: Natural couses P. Accident . Suicide . Hamicide . Undetermined manner	
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	Female	White		January 28,	1888 80 lost birtho	doy) MONTHS C	DAYS HOURS MIN.
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	Chestertown	give street oddres.		Hospital during m	AL OCCUPATION (Kind of wo ost of working life, even if Housewife	retired.) 12b. KINI retired.) INDUSTR	D OF BUSINESS OR
00	o. USUAL RESIDENCE (Where dece mission) STATE Marylan	osed lived, if institution: Residen d 13b. COUNTY Kent	ce before 13c. CITY OR TO	VEC N	13e. STREET AND NU. P. O. Box		
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ı	Conditions, if any, which gov rise to immediate cause (a)	(b)	PROB.	MYOCAT	RDIAL INFA	ECHON 14	rence
	stoting the underlying cous	DUE TO, OR AS A CONSEQ	UENCE OF ANUK	ia - de	e to Shoet	k.	
1	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DEA	ATH BUT NOT RELATED TO	HE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(0)	
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2001	190. DATE OF OPERATION 19	b. CONDITION FOR WHICH OPERATE	UN WAS PERFORMED	20o. AUTOPSY?	CALISES OF DEATHS	INDINGS CONSIDERED	N CERTIFYING
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	OR CONTRIBUTING CAUSE OF D	EATH HOUR A.M. Month D	oy Yeor	COUNTY OCCURRED (EITH	. notice of injury in Foll F	o. 1 o.1 2, 11611 10.)	
44.00	21d. INJURY OCCURRED 21 While Not while	e. PLACE OF INJURY (AT HOME, FAR OFFICE BUILDI	NG, ETC.	ATION Street or R.F.D. No		County	Stote
	22a. I certify that (I) (t his hospital) attended the	deceased fram Ju	ly 28 , 19_	68 , ta July 29	9, 19_68, t	hat (I) (we) last
	saw the deceased causes stated aba	this hospital) attended the alive an July 29 ve, (I) (a) (did nat) ve	19 _68 _, and view the bady after de	that in (my) (our) ap ath.	inian death accurred a	in the date and ho	our and fram the
	22b. SIGNATURE	11 /000		ATTENDING N	MED. STAFF	22c. DATE SIGNE	100
	22d. PHYSICIAN'S	17/000	DEGREE	PHYS. 22e. ADDRESS	DIRECTOR PHYS. L	1 /30	708
	NAME (Type) Harr	y P. Ross, M. I	0.		own, Marylan	d	
2	Bo. BURIAL, CREMATION, 231 REMOVAL (Specify)		NAME OF CEMETERY OR C		23d. LOCATION (City or To	own) (County)	(Stote)
2	4. FUNERAL DIRECTOR	7-31-68 5	TILLPOND	CEMTY	SY REGISTRAR 25b. RE	EGISTRAR'S SIGNATURE	MD
4.	Wiston W. Ke	uneder 571	ILL POND, 1	DATE !!!		Clarles S	ndal.
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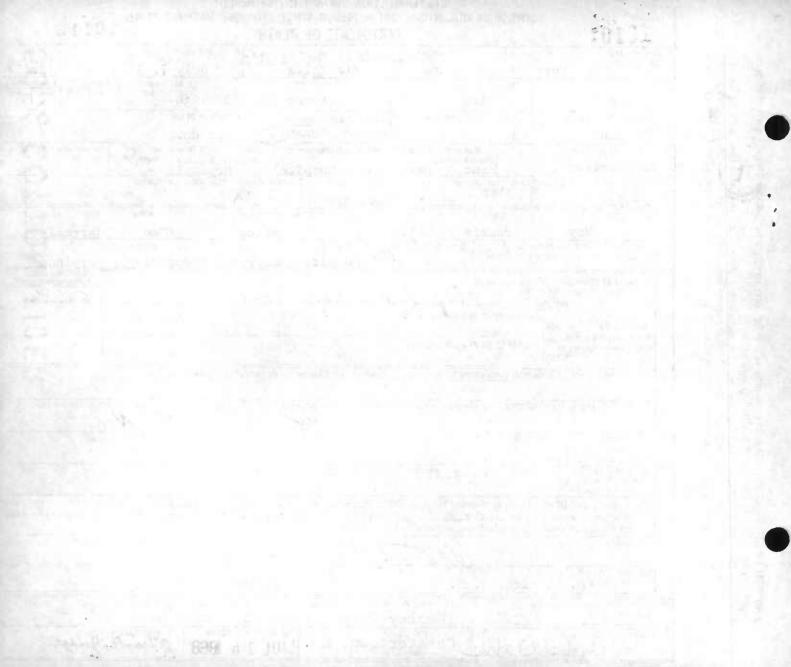
FOD CTATE	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	Ttem 11 8/2/68 FilmMEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 20 DATE KNOWN Month Day Year 12h HOUR
HEALTH DEPT.	(Type or Print) Dishard Bartlott Cundoson
1	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (in years if under 24 HRS. 2c. DATE PRONOUNCED DEAD 2d. HOUR
of the state of th	male white 7/13/1912 lost birthdoy! MONTHS DAYS HOURS MIN. July 2709 1968 19 7 M
ny 2	7a. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
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	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during mast of working life, even if retired.) 120. USUAL OCCUPATION (Kind of work dane during mast of working life, even if retired.) 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during mast of working life, even if retired.)
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ofter 18. Giv along along with death.	admirrial STATE 126 COUNTY
hours Item 1 Office office	Odiffission State Penna 130. Coole Media YES NO X 51 Spring House Lane 14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost Lost Middle Middle Lost Middle
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ed v in al Ex t. Fi	18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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be executed "pending" in nief Medical E. ansit permit. Fevent within	Canditions, if any, which gave) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave)
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wo wo	stating the underlying cause () DUE 10, OK AS A CONSCIUENCE OF last. (c) due to rentrover for billature ar asytate)
s certificate she writing the forworded to used as a bu emoval, and it	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g)
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his certific ote, writin e forword be used as removal,	19b. CONDITION FOR WHICH OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO 2 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Port 2, Item 18.)
This icote, be for he to ren	YES NO Q
<u></u>	21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year PRIMARY OR CONTRIBUTING HOUR A.M. 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Port 2, Item 18.)
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SICAL EXAMINER: This se execute the certificate, ctor. Page 4 should be fored for your files. ECTOR: Page 3 should be to buriol, cremotion, or ren	WHILE NOT WHILE TAT WORK AT WORK THE AT WO
Cecut Recut Pog for y R: Pog	22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my apinion
DEPUTY SICAL E. cessory, please execume to function. Page may be retained for FUNERAL DIRECTOR: saith prior to buriol,	death resulted from: Natural couses 🔍 Accident 🗌, Suicide 🗍, Homicide 🗍 Undetermined manner
pleose er director retoined	CHIEF MEDICAL EXAMINER
JTY, ple erol di be reto prior	SIGNATURE OF CLEAN WE THEN M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED
ro DEPUTY SICA necessory, pleose e the funerol director 5 moy be retoined for EUNERAL DIRECT Health prior to bu	EXAMINER'S Robert W. Farr DEPUTY MEDICAL EXAMINER ADDRESS(Street, city, town, or county) ADDRESS(Street, city, town, or county)
necessor the function of the f	I Chestertown Kent Co. Md.
2 12 -	230. BURIAL (REMATION, EMOVAL (Specify) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23d. LOCATION (City or Town) (County) (County) (City or Town) (County) (City or Town) (County) (City or Town) (
	24. FUNERAL DIRECTOR ADDRESS 250. REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A15ME (5) 10M REV, 1/68	Chestertown, Md. DATE JUL 30 1968 Schooles Judge

MARTLAND STATE DEPARTMENT OF HEALTH

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		MARYLAND STATE DEPARTMENT OF HEALTH
/ 1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10111
1		10100 CERTIFICATE OF DEATH
P	1 0	CEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR
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€ 1 1 3 3 3 3 3 3 3 3 3 3		TARY LOGISE RICHTA VELY XI 1761
offer after	3. SE	Lead high feet and the second of the second
	1	-emale white 12-15-16 last birthday) YRS. MONTHS DAYS HOURS MIN.
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ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours stained by the hospital or attending physician. CTOR: After this certificate has been signed by the attending physician and completely filled in by to should be detached for use as the burial-transit permit. Then please frenewy carbon papers. Poshould be detached for use as the burial-transit permit. Then please frenewy carbon papers. Posith the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours are the state Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours are the state Dept.	COUL	MARYLAND UNITED STATES WIDOWED DIVORCED KENT CO.
vithin 24 sly filled in 24 within 72		ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work dane 12b, KIND OF BUSINESS OR
with bon with	C	LESTER TOWN Give street address) Reen Animes House wife & Secretary
ed v		USUAL RESIDENCE (Where deceosed lived, if institution: Residence befare 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER
d compression of the compression	aam	issian) STATE MARYLAND 13b. COUNTY KENT CO. CHESTERTOWN YES NOW FLATLAND Rd. RT. #2
e exe	14.	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Last
be dir		ELWOOD ROMAINE Morris Bessie ELLEN NEWTON
ate by ician lease and i		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address
errificate b physician en please oval, and i		465 09 8012 HOSPITAL RECORDS, CHESTER TOWN, Md.
The The		18. CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
et indirection		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Common and the second
de de		1829 DUE TO, OR AS A CONSEQUENCE OF
the d		Canditions, if any, which gave) (Canada a tro colored to the colored to color
to the nair		rise to immediate cause (a), (b) Caretina
equires that the death ce physician. signed by the attending burial-tronsit permit. The		stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF D
ysic me rial riol		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
The low requires th attending physician, has been signed by se as the burial-troith prior to buriol, cre		PART 2. UINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
The low ratending has been se as the h prior to	NO	1 / 7 X
s b as	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
투 등 등 등 등 수	RTF	2-13-68 Jaca belling tumor IBL NOT
ate or leaf		21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
d feed of H	MEDICAL	(If either, natify medical examiner) P.M. 19
SING PHYSICIAN: by the hospital or ffer this certificate be detached for u State Dept. of Heal	W	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. Na. City ar Town Caunty State While Nat while
this be De		at wark at wark
ING oe of tate		22a. I certify that (I) (this haspital) attended the deceased from 5-8, 1968, to 7 - 2, 1968, that (I) (we) last
NON POPULATION OF THE SHAPE SH		saw the deceased glive an $3-24$ 19.6 and that in (my) (aur) apinian death accurred on the date and hour and from the
So Sing	П	causes stated abave, (I) (we) (did) (did nat) view the bady after death.
OR ATTENE be retoined DIRECTOR: A le 3 should ed with the		22b. SIGNATURE 22b. SIGNATURE ATTENDING MED. STAFF PHYS. 22c. DATE SIGNED 7-21-68
be died		
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 should be detached for use as the burial-transit permit. Then please should be filed with the State Dept. of Health prior to burial, cremation, or removal, and		PHYSICIAN'S NAME(Type) A. C. Dick 22e. ADDRESS Chestertown, Md.
OSP INE INE	00	
Hire Sho	250	DEMOVAL (C)
5-5	04	
VR A15 (4) 30M REV. 1/68	24.	
30M REV. 1/68		Willis Wells Chestertown, Md. DATE JUL 2 5 1968 Policy July

MAKTLAND STATE DEPAKTMENT OF HEALTH

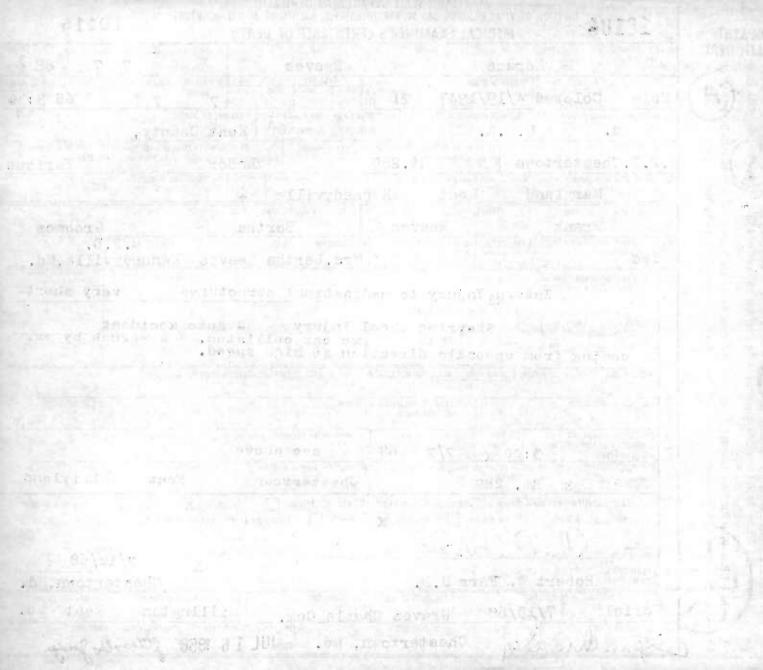


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10113 MEDICAL EXAMINER'S CERTIFICATE OF DEATH LTH DEPT. Month Day 1. DECEASED-NAME First 20. DATE KNOWNEET 2b. HOUR (Type ar Print) OF ESTI-DEATH MATED 7/23/68 10 ny delay is 2, and 3 ta PM3. Page CLIFTON M. MILLER 4 RACE 6. AGE (In years IF LINDER 1 YEAR IE LINDER 24 HRS 2c DATE PRONOUNCED DEAD 2d. HOUR 3. SEX S. DATE OF BIRTH 8/7/1892 Day 968 white male 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED & SNEVER MARRIED 9 COUNTY OF DEATH Office along with farm country) Montana USA DIVORCED [WIDOWED [Kent Give Pages the State 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR TOWN OF DEATH give street oddress)At. Home during most of working life, even if retired.)
Investment Banker INDUSTRY retired Chestertown 13e, STREET AND NUMBER 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN death. 13d. INSIDE CITY LIMITS? odmission) STATMarvland 3b. COUNTY Kent Ouaker Neck Chestertown IS IN NO KK haurs after 15 MOTHER'S MAIDEN NAME Middle 14. FATHER'S NAME Harvey H. Miller Rosa McPherson 16b. SOCIAL SECURITY NO 25 17. INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? within **ADDRESS** Chestertown, (Yes, na, or unknown) Yes WW 1 Yes Mrs. Carolene Miller APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) be executed BETWEEN ONSET AND DEATH permit. Gun shot wound of head (self inflicted) the Chief Medical PART I. DEATH WAS CAUSED BY: short IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a). This certificate shauld DUF TO, OR AS A CONSEQUENCE OF writing the ward stating the underlying cause = shauld be farwarded ta PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) remaval, 20. AUTOPSY? 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? YES 🗍 NO X please execute the certificate, 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) 3 shauld PRIMARY OR CONTRIBUTING 19 68 self inflicted CAUSE OF DEATH 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, affice building, etc.) WHILE AT WORK AT WORK Chestertown Md. Kent near 22a. I certify that I taak charge of the remains described above, held an Autapsy Inspection X, Inquiry , and in my apinian death resulted fram: Natural causes . Accident . Suicide . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 7/23/68 DEPUTY MEDICAL EXAMINER X 5 may be TO FUNER. Health Robert W. Farr **EXAMINER'S** ADDRESS(Street, city, town, or county) Chestertown Kent Co Md 23d. LOCATION (City or Town) BURIAL, CREMATION (County) (State) REMOVAL (Specify) Fort Lincoln 7/24/68 Washington , 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR Chestertown, Md. VR A15ME (5) 1968

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	10103 Division of vital records, 301 W. Preston Street, Ballimore, Maryland 21201 CERTIFICATE OF DEATH 10114
death. neral and 2 death.	DECEASED-NAME (Type or print) EDWIN C. NORDHOFF 20. DATE OF DEATH Doy 1968 12:30 M
haurs after death	SEX MALE 4. RACE 5. DATE OF BIRTH OCT. 5-1892 6. AGE UN years IF UNDER 24 Hrs. IF UNDER
24 haurs	D. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
The state of the s	O. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during post of working life, even if retired.) 12. USUAL OCCUPATION (Kind of work done during post of working life, even if retired.) 12. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during post of working life, even if retired.)
IAN: The law requires that the death certificate be executed within it at a ratending physician. It is the aspect of the aspect of the same of the sam	30. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c, CITY OR TOWN 13d, INSIDE CITY LIMITS? AR LAND COUNTY KENT CHESTERTOWNS NO 13d, INSIDE CITY LIMITS? NO 13e. STREET AND NUMBER
be exen and control and contro	4. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost Lowery
e death certificate b attending physician permit. Then please an, ar remaval, and i	60. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, prunknown) (If yos give war or dates of service) 217-07-5902 ALFRED NORDHOFF- ROCK HALL MD.
eath ce inding p nit. The ar remo	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
physician. physician. signed by the attendi burial-transit permit. burial, crematian, ar r	Conditions, if ony, which gove (b) Consequence OF Constitutions (b) Construction (b) Construction (consequence)
ires tha ysician. ned by ial-tran ial, crer	lost. (c) arterio Aclerasio - Cardio V asculor
The law requires the attending physician. Seen signed by se as the burial-train the priar ta burial, cre	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
The law re ratending by the been use as the lith priar ta	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO CAUSES OF DEATH? 216. HOW INITIALY OCCURRED. (Enter nature of injury in Port 2 are 18.)
PHYSICIAN: The haspital ar at this certificate he stacked far use Dept. af Health	Or CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M. 19
G PHY: the har this called	While Not while of work of work
Page 4 may be retained by the haspital ar O FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far ushauld be filed with the State Dept. at Health	22a. I certify that (I) (this hospital) attended the deceased fram 344, 1, 1968, to 1966, 1966, that (I) (we) lass saw the deceased alive on 1969, one that in (ray) (our) opinion death occurred on the dote and hour and from the couses stated above, (I) (we) (did) (bid not) view the body after death.
OR AT be retained by the 3 shot ed with	221 SIGNATURE RODEGREE ATTENDING MED. STAFF 122c. DATE SIGNED PHYS. PHYS. 158
TO HOSPITAL Page 4 may O FUNERAL directar, page	22d. PHYSICIANS NAME (Type) NORBERT C. NITSCH 22e. ADDRESS ROCK HALL MARYLAND
TO HO Page TO FUI direct Shau	30. BURIAL, CREMATION, BREMOVAL (Specify) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY County) County County) County County
30M REV. 68	Edgar L. Lane Church Hill MD. 1250. REC'D BY REGISTRAR SIGNATURE

MAKTLAND STATE DEPARTMENT OF HEALTH



20.		20208	DIVISION OF	VITAL RECORDS,	301 W. PR	ESTON STR			YLAND 212				
3		10105		Part of the State	CERTIFICA						1011		
ŧ.		CEASED-NAME First		Middle		Lost	20	a. DATE OF	DEATH Month	Day	Year	2b. HO	URIM
within 72 hours after death	1	ype or print) Mary		Cecelia		aylor			7	13	Year 68	per di mar	A
ter	3. SE	X	4. RACE			5. DATE OF BIR	RTH		6. AGE (In year last birthday)	rs	MONTHS DAYS	IF UNDER 24	HRS.
		female		White		6-22-			68	YRS.		THE COME	
	7o. E	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF W	HAT COUNTRY?	8. MARRIED	NEVER MARR	RIED 9. C	DUNTY OF	DEATH				
		Maryland	U. S	5. A.	WIDOWED	DIVOR	CED 🗌	Ke					Md.
67	10. C	ITY OR TOWN OF DEATH Chestertown	11. N give	IAME OF HOSPITAL OR IN street oddress) Lent & ue	istitution (if no: en Anne	in hospital S	12a. USUAL 00 during most o NOUS	CUPATION f warking l ewile	(Kind of work life, even if ret	done ired.)	12b. KIND OF INDUSTRY		R
14	13a. admi	USUAL RESIDENCE (Where deceasission) STATE				OWN	YES NO		REET AND NUMB				
1	14. F	ATHER'S NAME First	Middle	Last			IDEN NAME First	-	Mid	ldle		Last	
1	-1	Peter		Taylo	or		Emma		Jane		Cı	ew	
		WAS DECEASED EVER IN U.S. ARA	NED FORCES?	16b. SOCIAL SECURITY	NO. 17. IN	FORMANT			Add	ress			
	Y	'es, no, or unknown) (If yes give w	rar or dates of service)	012033	Ker	nt. & wh	ieen Ann	e's H	ospital	C	hestert	own.	Md
		18. CAUSE OF DEATH (Enter on	ly ane cause per l	ine far (a), (b), ond (c							APPROX	MATE INTERVAL	TH
		PART I. DEATH WAS CAUSEI	D BY: ATE CAUSE (a)		cestio	4 He	art FA	whi	~4		2.46	^	
		4129		AS A CONSEQUENCE OF	3			-					
		Canditians, if any, which gave	(b)		100 cler	ota)	mad D	1502	58		yea	N	
		rise to immediate couse (a), stating the underlying couse	DUE TO, OR	AS A CONSEQUENCE OF				1			Ä		
		lost. 4200	(c)	Chol	eAlu		+ Chole	ein. f	. 5		YF	174	
		PART 2. OTHER SIGNIFICANT CON	IDITIONS CONTRIB			THE TERMINAL	DISEASE OR COND	ITION GIVEN	IN PART 1(o)			4	
	2	Dishit -	mellit	us - 0	lo my	rouni	11 ins	1-8+1	2				
,	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR W	HICH OPERATION WAS P		20a. AUTOF			YES, WERE FIND	INGS CO	ONSIDERED IN C	ERTIFYING	
1	TIFIC	-	-			YES 🔀	NO 🗌	CAUSES	OF DEATH?	Yes			
		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT				W INJURY OCCU	URRED (Enter nat	ure af injur	y in Part 1 or I	art 2, 1	tem 18.)		
	MEDICAL	(If either, notify medical exami-	ner) P.M.		19								
	M	21d. INJURY OCCURRED 21e. While Nat while at work	PLACE OF INJURY	(AT HOME, FARM, STREET, F. OFFICE BUILDING, ETC.	ACTORY,) 21f. LOC	ATION Street			ar Tawn		Caunty	Sta	te
		22a. I certify that (I) (th	is hospital) at	tended the deceo	sed from	.1	, 1960	_, to	7/1	3, 19_	68 , tho	(I) (we)	last
		saw the deceased a causes stated obove	live on	7/13	body ofter d	thot in (my	y) (out) opinio	n death c	occurred on i	the do	te ond haur	and fram	1 the
		22b. SIGNATURE	e, (1) (<u>we)</u> (ala	(use not) view inte	body offer d	eum.				22c [DATE SIGNED		
		10	Ol.	1-2 N	A.D. DEGRE	E PHYS.	IG MED.	TOP \square	STAFF PHYS.	7	11311	0	
,		22d. PHYSICIAN'S	2 -130	LOV	7. 6. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.	22e. ADDF	DIREC	10K —	11113.	-4	175/6	Δ	
-		NAME (Type) Thos.	J. Solo	n M D			Cheste:	rtown	Md.				
	23a.	BURIAL CREMATION. 23b.	DATE		F CEMETERY OR (REMATORY			N (City ar Taw	n)	(Caunty)	(State)	_
	E		45-68		AUN MO				MINGTON			DEL	
)	24.	FUNERAL DIRECTOR		ADDRES	sn.	11	2Sa. R. QD BY RE	GISTRAB6	O 25b. REGU	TRAR'S	SIGNATURE		1
8	1//	ictor 11 Fen	nedy	Still.	Mid	Thd.	DATE /-/	A - Kab	o for	Mes	to fred	pe.	

III VIAIL HEDADIBALAH IIL MEAL

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